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2551-1001

PATENTS



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of

Roberto VILLA et al.

Confirmation No. 4029

Serial No. 10/009,532

Group 1614

Filed December 12, 2001

Examiner Liliana Di Nola Baron

CONTROLLED RELEASE AND TASTE MASKING ORAL PHARMACEUTICAL
COMPOSITIONS

SUBMISSION OF SUPPLEMENTAL APPLICATION DATA SHEET

Assistant Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Submitted herewith is a Supplemental Application Data
Sheet which corrects the Attorney docket number and the
Assignee's address.

Respectfully submitted,

YOUNG & THOMPSON

By

A handwritten signature in cursive script that reads "Benoît Castel".

Benoît Castel
Attorney for Applicants
Registration No. 35,041
745 South 23rd Street
Arlington, VA 22202
Telephone: 703/521-2297

October 28, 2003



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Supplemental Application Data Sheet

Application Information

Application Type:: Regular
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R?: None
Number of CD disks::
Number of Copies of CDs::
Sequence Submission?: None
Computer Readable Form (CRF):: No
Number of copies of CRF:: 0
Title:: CONTROLLED RELEASE AND TASTE
MASKING ORAL PHARMACEUTICAL
COMPOSITIONS
Attorney Docket Number:: ~~9623-V/vmf/as~~ 2551-1001
Request for Early Publication?: No
Request for Non-Publication?: No
Suggested Drawing Figure::
Total Drawing Sheets:: None
Small Entity?: Yes
Latin Name::
Variety Denomination Name::
Petition Included?: No
Petition Type::
Licensed US Gov't Agency::
Contract or Grant Numbers::
Secrecy Order in Parent No
Appl.?:

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: REPUBLIC OF PANAMA
Status:: Full Capacity
Given Name:: ROBERTO
Middle Name::
Family Name:: VILLA
City of Residence:: PANAMA CITY
State or Province of
Residence::
Country of Residence:: REPUBLIC OF PANAMA
Street of Mailing Address:: EDIFICIO VALLARIO, PISO 6°
CALLE 52 Y ECUIRA MENDEZ
City of Mailing Address:: PANAMA CITY
State or Province of Mailing Address::
Country of Mailing Address:: REPUBLIC OF PANAMA
Postal or Zip Code of Mailing Address::

Applicant Authority Type:: Inventor
Primary Citizenship Country:: REPUBLIC OF PANAMA
Status:: Full Capacity
Given Name:: MASSIMO
Middle Name::
Family Name:: PEDRANI
City of Residence:: PANAMA CITY
State or Province of
Residence::
Country of Residence:: REPUBLIC OF PANAMA
Street of Mailing Address:: EDIFICIO VALLARIO, PISO 6°
CALLE 52 Y ECUIRA MENDEZ
City of Mailing Address:: PANAMA CITY
State or Province of Mailing Address::

Country of Mailing Address:: REPUBLIC OF PANAMA
Postal or Zip Code of Mailing Address::

Applicant Authority Type:: Inventor
Primary Citizenship Country:: REPUBLIC OF PANAMA
Status:: Full Capacity
Given Name:: MAURO
Middle Name:: AJANI
Family Name:: FOSSATI
City of Residence:: PANAMA CITY
State or Province of
Residence::
Country of Residence:: REPUBLIC OF PANAMA
Street of Mailing Address:: EDIFICIO VALLARIO, PISO 6°
CALLE 52 Y ECUIRA MENDEZ
City of Mailing Address:: PANAMA CITY
State or Province of Mailing Address::
Country of Mailing Address:: REPUBLIC OF PANAMA
Postal or Zip Code of Mailing Address::

Applicant Authority Type:: Inventor
Primary Citizenship Country:: REPUBLIC OF PANAMA
Status:: Full Capacity
Given Name:: LORENZO
Middle Name::
Family Name:: FOSSATI
City of Residence:: PANAMA CITY
State or Province of
Residence::
Country of Residence:: REPUBLIC OF PANAMA
Street of Mailing Address:: EDIFICIO VALLARIO, PISO 6°
CALLE 52 Y ECUIRA MENDEZ
City of Mailing Address:: PANAMA CITY

State or Province of Mailing Address::

Country of Mailing Address:: REPUBLIC OF PANAMA

Postal or Zip Code of Mailing Address::

Correspondence Information

Correspondence Customer 000466

Number::

Representative Information

Representative Customer	000466
Number::	

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
PCT	PCT/EP/00/05356	9 JUNE 2000	YES
ITALY	MI99A001317	14 JUNE 1999	YES
ITALY	MI2000A000422	3 MARCH 2000	YES

Assignment Information

Assignee Name:: COSMO Spa

Street of Mailing Address:: VIA C. COLOMBO 1

City of Mailing Address:: LAINATE (MILANO)

State or Province of Mailing Address::

Country of Mailing Address:: ITALY

Postal or Zip Code of Mailing Address:: 20020